SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	_ 4	13	OF	:	282
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16	;		17

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OI	for commercial purposes, other than using the	name and address of any political committee to	Solicit contributions from Such committee.						
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic SurgeonsPAC of AAOS								
Α.	Full Name (Last, First, Middle Initial) Frederick F Fakharzadeh MD Mailing Address 829 Ellis Place	Date of Receipt 04 07 2014							
	City	State Zip Code	Transaction ID : 5999454						
	Oradell	NJ 07649	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	500.00						
	Name of Employer	Occupation							
	Self Employed	Orthopaedic Surgeon							
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00							
В.	Full Name (Last, First, Middle Initial) John Patrick Reilly MD	Date of Receipt							
	Mailing Address 60 Copperflagg Ln		04 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City Staten Island	State Zip Code NY 10304	Transaction ID : 5999456						
	FEC ID number of contributing		Amount of Each Receipt this Period						
	federal political committee.	C	250.00						
	Name of Employer Self Employed	Occupation Orthopaedic Surgeon							
	Receipt For:	Aggregate Year-to-Date ▼							
	Primary General Other (specify) ▼	250.00							
<u> </u>	Full Name (Last, First, Middle Initial) Reginald E Manning MD	Date of Receipt							
	Mailing Address 72 Maple St	04 07 2014							
	City	State Zip Code	Transaction ID: 5999457						
	Brooklyn	NY 11225-5002	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	500.00						
	Name of Employer	Occupation							
	Self Employed	Orthopaedic Surgeon							
	Receipt For: Primary General	Aggregate Year-to-Date ▼							
	Other (specify) ▼	500.00							
SUBTOTAL of Receipts This Page (optional)									
т	OTAL This Period (last page this line number of	only)							